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Substitute for form 1449/PTO		Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Application Number	10/625,100	
		Filing Date		
		First Named Inventor	Santiago Munne	
		Art Unit	1632	
		Examiner Name	Ton	
Sheet		of	Attorney Docket Number	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
TNT	1	Munne S et al (2003) In: A color atlas of human assisted reproduction: clinical and pp179-194	
TNT	2	Munne et al. (1998) Preimplantation diagnosis of the aneuploidies Prenat Diagn. 18:1459-1466	
TNT	3	Veiga et al. (1999) Confirmation of diagnosis in preimplantation Prenat Diagn 19:1242-7	

Examiner Signature	thaien	Date Considered	11/17/05
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. **Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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Sheet		of.
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Signature**

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